		VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $0.122 -62-03608$	33
DEPA DO NOT WRITE	AMENIATO PU	Registration District No. Primary Registration District No. Registraty No.	
DO NOT WRITE ON THIS STUB		1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence	before
VS 300	କ୍ର	a. COUNTY admissi	ion)
Rev. 4/59	AMENDED	b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  TOWN ST. Louis  C. FULL NAME OF (If NOT in hospital, give location)  Length of stay in 1b  C. CITY OR TOWN ST. Louis  Yes M.  C. FULL NAME OF (If NOT in hospital, give location)  Length of stay in 1b  C. CITY OR TOWN ST. Louis  (If outside, give location)  Reside of	
1		TOWN ST. Louis  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR  TOWN ST. Louis  ADDRESS  (If cutside, give location) Reside or	
2 20	8	HOSPITAL OR INSTITUTION / 166 Lang Ridge Yes & No   ADDRESS / 166 Lang Ridge Yes	No 🌃
3	2	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Y (Type or print) OF	rear
4		Richard P. Dorsey, Sr DEATH 9-20-62	ED 0475
		5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER Months Days Hours	Min.
		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and afete or country) 12. CITIZEN OF WHAT COL	UNTRY
		web ress man Retived ST. Louis, Mo USA.	
7 0		136. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE  MICHAEL DONSEY  Bridget Connally  Mary E.	
8 1		15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Address  Address	
9		(Yes, no, or unknown) (If yes, give wer or dates of service & Way E. Douly 1166 Laugue	ler
10 1	ENT	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
11	SAD OF DOCUMEN	MAMEDIATE CAUSE (a) Chala IV and the Common Control Co	<u> </u>
1204	- 150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	fite hadditional if riv, Due to (b) Due to (b)	<u>.</u>
13	SE IS	Deputing the state. Due to (c)	
	5		nale wa
90		9-24-62	Unknow
	AMENDWEN IN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)    PART II. If deceased was fem there a pregnancy in last   Part III. If deceased was fem there a pregnancy in last	a.)
-			
복 합	₹	W   p.m.	
BLACK INK OR RITER RIBBON		20d. INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK   farm, factory, street, office bldg., etc.)   NOT WHILE AT WORK	STATE
LAC TER OR	READ	21 I stranded the deceased from S - S - L1 to 9 - 20 - W and last saw to alive on S - S - L2	
VRI BI	Q	Death occurred at	·d.
USE BLAC OR IYPEWRITER	SHOULD	22. SIGNATURE (Degree or VIII) 22b. ADDRESS 22c. DATE	E SIGNE
		23 BURIAL CREMATION, 23b. DATE 23. NAME OF CREMETORY 23d LOCATION (City, town, or county) (State	<u> </u>
	NO.	PREMOVA) (Specify) 9-24-1962 October 1962	•
	Y AFI	TONERAL DIRECTOR ADDRESS 8 80 6 25 DATE RECD. BY LOCAL REG. 26 REGISTIAR'S SYNATURE	
	<u>=      6</u>	D'Sullivan Muckle Kron Jennings Rd. SEP 21 1962 Your Smur. 11	<u>-</u>

Dr James anusphy. Mo theat Blog. 1-30 tell Lpn

1.3-35 H

STATEMENT BY LICENSED EMBALMER

State of the state

or by		, Std	udent Embalmer No
working und	der my personal supervision.	21 A A	$\frac{1}{2}$ $Q$ $Q$
Student		Signed Steller	Law si-
	Signature of Student Embalmer		
	•	License	d Embalmer No. 4800
· # **	and the		ddress Kirkwas 22 Me
	The Serve Sauret Dr. CLONED	and the second s	_
with the abo	ine above (MUS) BE SIGNED overconstitutes grounds for revoca-	BY THE LICENSED EMBALMER in his OWN ation of license). A shall sign in his OWN handwriting.	A A A
if en	nbalmed by a STUDENT, he also	shall sign in his OWN handwriting.	Section 1
if th	is body is not embalmed, fact sho	ould be so stated above.	<b>∢</b> <sub>ij</sub>